



DEPARTMENT OF THE AIR FORCE  
HEADQUARTES UNITED STATES AIR FORCE  
WASHINGTON DC



MAY 21 2007

MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ USAF/SG3P  
110 Luke Avenue, Room 405  
Bolling AFB, DC 20032-7050

SUBJECT: USAF Refractive Surgery (USAF-RS) Program

The USAF-RS Program has been updated with the following changes.

Laser In-Situ Keratomileusis (LASIK) will now be allowed for applicants to Aviation and Aviation-Related Special Duty (AASD). Also, the altitude and high performance aircraft restrictions have been lifted.

As in the past, individuals must still meet the standards prescribed in AFI 48-123, *Medical Examination and Standards*, post RS to be selected for Air Force programs. Additional guidance can be found at the AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or Public Access: <http://airforcemedicine.afms.mil/USAF-RS>.

Please direct questions to Maj Jamie L. Broughton, AFMOA/SG3PF, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4200, [Jamie.broughton@pentagon.af.mil](mailto:Jamie.broughton@pentagon.af.mil).

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Chief, Aerospace Medicine Policy and Operations  
Office of the Surgeon General

Attachment:  
USAF RS Program Guidance

DISTRIBUTION:  
See Attached List

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21 MAY 2007

## **USAF REFRACTIVE SURGERY (USAF-RS) PROGRAM**

This policy establishes eligibility, procedures, restrictions and recording requirements for Air Force (AF) members participating in and supporting the USAF Refractive Surgery (USAF-RS) program, formerly managed under separate Warfighter and Aviation RS policies. USAF-RS approved procedures may be performed, within AF guidelines, to reduce the dependence on optical eyewear and to enhance operational performance in the best interests of the AF. Refractive surgery is an elective procedure and is not a TRICARE covered benefit. There is no requirement for any AF member or applicant to any AF career to obtain refractive surgery.

This policy requires the collection and maintenance of information protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Authority to collect and maintain records prescribed in this policy is outlined in Title 10, United States Code, Section 8013 and Executive Order, 9397.

### **Chapter 1— General Information and Administrative Procedures**

### **Chapter 2— Management Group Inclusion Criteria**

### **Chapter 3— Responsibilities**

### **Chapter 4— Applicants to Aviation and Aviation-Related Special Duty (AASD)**

### **Chapter 5— Trained Aviation and Aviation-Related Special Duty (AASD) Personnel**

### **Chapter 6— Warfighter Personnel**



## Chapter 1

### USAF Refractive Surgery (USAF-RS) General Information and Administrative Procedures

1.1. This policy allows eligible Air Force (AF) Active Duty (AD) and AF Reserve Component (ARC- includes AF Reserve and Air National Guard) members to undergo refractive surgery (RS) procedures designed to reduce dependence on spectacles or contact lenses. All AF AD/ARC personnel and applicants are managed under this guidance. This policy supersedes prior USAF-RS policies and memoranda.

1.2. RS is not a TRICARE covered benefit. RS is intended to reduce operational disadvantages related to wear and care of spectacles and contact lenses by AF personnel engaged in certain occupational specialties. Though RS may be operationally beneficial in some personnel, it is an elective procedure. There is no requirement for any member or applicant to obtain any form of RS. Any individual planning RS should read and understand the benefits, limitations and risks associated with these procedures.

1.3. Compliance with this policy is mandatory. AF AD/ARC members who undergo unauthorized RS treatment may be disqualified or restricted from certain duties. If appropriate AF vision standards cannot be met following RS, the member may be disqualified from continued military service.

1.4. AF AD and ARC Non-Aviation and Aviation-related Special Duty (Non-AASD) personnel (eligible for AD elective surgery benefits) in compliance with this guidance are authorized treatment at DoD RS centers and post-RS management at their military treatment facilities. Aviation and Aviation-related Special Duty personnel/applicants are managed and authorized treatment as outlined in 3.6.3.1.1 – 3.

1.5. ARC personnel *who are not eligible* for AD elective surgery benefits and others under certain circumstances may undergo RS *at their own expense* at civilian centers. AD and ARC members pursuing treatment at civilian RS centers are responsible to meet appropriate pre-operative criteria, submit required application documents, obtain written approval to proceed from USAF-RS Registry prior to treatment and obtain and meet post-operative requirements. Additional Air Force guidance for elective surgery is found in AFI 48-123, *Medical Examinations and Standards*, AFI 41-101, *Obtaining Alternative Medical and Dental Care*, AFI 41-210, *Patient Administration Functions*, AFI 44-117, *Ophthalmic Services*, and AFI 36-3003, *Military Leave Program*.

1.6. AF personnel are separated into three Management Groups:

1.6.1. Trained “Aviation and Aviation-related Special Duty” (AASD) personnel

1.6.2. Applicants to AASD

1.6.3. Warfighter personnel

1.7. Chapter 2 defines inclusion criteria for the three Management Groups. For AASD Management Groups, members must meet both Air Force Specialty Code (AFSC) and Aviation Service Code (ASC) requirements. AF personnel who do not meet AASD criteria or have been permanently disqualified from AASD must comply with requirements of the Warfighter Management Group. A tool to assist in Management Group determination is available on the following website: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>

1.8. Each Management Group has specific USAF-RS requirements described in detail in chapters 4, 5 and 6 respectively.

1.9. For the purpose of this policy, RS includes:

1.9.1. Advanced Surface Ablation (ASA) procedures

1.9.1.1. Photorefractive Keratectomy (PRK)

1.9.1.2. Laser In-Situ Epithelial Keratomileusis (LASEK)

1.9.1.3. Epi-LASIK

1.9.1.4. Wave-Front Guided Photorefractive Keratectomy (WFG-PRK)

1.9.2. Intra-Stromal Ablation (ISA) procedures

1.9.2.1. Standard Laser In-Situ Keratomileusis (LASIK) and its variants

1.9.2.2. Wave-Front Guided Laser In-Situ Keratomileusis (WFG-LASIK) - "custom ablation"

1.9.2.3. Technological advances of the basic LASIK procedure, such as femtosecond technology, "all laser LASIK"

1.10. Other RS procedures are not authorized unless approved by AF/SG or designee.

1.11. Phototherapeutic Keratectomy (PTK) is a therapeutic application of excimer laser technology used for diseases of the anterior cornea. In the context of this policy, PTK is not an RS procedure. PTK is for medical management of corneal anomalies independent of the USAF-RS program.

1.12. USAF-RS Re-treatment: For the purpose of this program, retreatments are considered new treatment. Personnel who desire or require retreatment must submit application IAW with their Management Group requirements.

1.13. One of the goals of the USAF-RS program is to ensure RS treatment is prioritized in accordance with AF mission support. Prioritization categories are based on specific Management Groups and duty requirements. AF members seeking RS are assigned to one of these three priority categories:

**1.13.1. Priority I:** Personnel assigned to AF AASD career fields. Not included are permanently disqualified aircrew and/or former aviators who have cross-trained from aviation career duties.

**1.13.2. Priority II:** Personnel whose routine military duties require wear of Night Vision Goggles (NVG), eye protection, or respiratory protection. This does not include nuclear biological chemical (NBC) masks worn only for deployment.

**1.13.3. Priority III:** Personnel who do not meet any of the above criteria in his/her current military duties.



## Chapter 2

### USAF Refractive Surgery (USAF-RS) Management Group Inclusion Criteria

**2.1.** To ensure specific requirements are met, personnel are assigned to one of three USAF-RS Management Groups: Applicants to Aviation and Aviation-related Special Duty (AASD), Trained AASD, and Warfighter (all other AF personnel). A tool to assist in RS Management Group determination is available at the AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>.

**2.2. AASD Management Groups: (Trained AASD and Applicants to AASD)**

2.2.1. Trained AASD members are identified by both Air Force Specialty Code (AFSC) and Aviation Service Code (ASC) requirements. AASD applicants are managed, after training selection, in accordance with their anticipated AFSC/ASC. Members who are permanently disqualified from AASD will be managed as a Warfighter.

2.2.2. The AASD Management Groups are for AF members whose primary duties involve in-flight and/or altitude chamber exposures including career aircrew who are temporarily assigned to non-flight duties, such as staff or educational duties, while remaining qualified to return to flight duty. Non-aviation AFSC personnel who are currently assigned to perform aviation-related duties, such as parachutists or flight test engineers, are also included. AASD personnel assigned to perform aviation-related duties are identified as an AASD Management Group as long as they remain qualified for their specific aviation-related duties. AASD personnel whose aviation-related duties are terminated or suspended will be managed as a Warfighter.

**2.3. Warfighter Management Group:**

2.3.1. All AF personnel not specifically defined by both career status (AFSC) and identified aircrew duties (ASC).

## Chapter 3

### USAF Refractive Surgery (USAF-RS) Responsibilities

#### **3.1. Air Force (AF) member (Active Duty (AD) or Air Reserve Component (ARC)) will:**

3.1.1. Submit USAF-RS application and required supporting documentation/evaluation to include squadron commander's permission and application endorsement IAW specific Management Group requirements.

3.1.2. Not proceed until specific Management Group requirements are met and granted "Permission to Proceed" authorization from the USAF-RS Registry.

3.1.3. Read the Food and Drug Administration required refractive surgery informational booklet and material posted on the USAF-RS website (AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>) prior to RS.

3.1.4. Undergo authorized USAF-RS procedures IAW this policy.

3.1.5. Coordinate with and inform squadron commander, flight surgeon (FS)/primary care manager (PCM) and eye clinic of USAF-RS application, treatment and follow-up evaluations, as required. Must notify FS/PCM and eye clinic that he/she has undergone USAF-RS as soon as possible (within 1 month of RS procedure).

3.1.6. Comply with and accomplish all required referral and follow-up evaluations. Non-compliance may result in duty restrictions and/or disqualification.

#### **3.2. Member's Squadron Commander will:**

3.2.1. Maintain working understanding of USAF-RS program.

3.2.2. Grant or deny permission for USAF-RS treatment based on best interests of AF.

3.2.3. Certify member meets Aviation and Aviation-related Special Duty (AASD) or Warfighter Management Group definition, has sufficient service retainability (minimum: 12 months – AASD, 6 months – Warfighter) and assign appropriate treatment prioritization (see para 1.13).

3.2.4. Authorize unit-funded TDYs for treatment at DoD facilities for eligible AD/ARC Pilots and AD/ARC In-Flight Refuelers when DoD RS center is not available or authorized locally. Non-pilot/In-flight refueler personnel may be authorized unit-funded or permissive TDY. Leave status is not authorized for treatment at DoD RS Centers. TDY en route should be authorized only after careful coordination for follow-up care.

3.2.5. Support operational restrictions following USAF-RS, as required.

3.2.6. Squadron commanders are strongly encouraged to require that post-CRS pilots accomplish the following sorties (as applicable to the unit's mission) with an instructor pilot in order to assure operational safety after CRS: first day and night sortie; first night refueling; first night formation flight. Commanders are encouraged to forward a memorandum to the member's flight surgeon indicating the member's readiness to return to full mission qualification status.

#### **3.3. Flight Surgeon (FS) (AASD Management Groups) will:**

3.3.1. Maintain working understanding of USAF-RS program.



3.3.2. Serve as point of contact for and monitor all AASD personnel during application, treatment and post-RS management to ensure program compliance.

3.3.3. Coordinate required RS-related evaluations with local eye care professional.

3.3.4. Accomplish appropriate grounding actions and waiver recommendations.

3.3.4.1. Submit aeromedical summary and all required waiver documentation in the Aeromedical Information Management Waiver Tracking System (AIMWTS). Please see the Waiver Guide at: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide> ) *Return to flight status before waiver completion is no longer authorized.*

3.3.4.2. Initiate appropriate profile as required. Member will not deploy or PCS while on steroid eye drops after any RS. Individuals who have had Intro-Stromal Ablation (ISA) are not deployable for at least 1 month after surgery, even if steroid eye drops have been discontinued. To clarify, after Advanced Surface Ablation (ASA), personnel will not be deployed until steroid eye drops are discontinued; after ISA, personnel will not be deployed until steroid eye drops are discontinued *and* at least 1 month has passed (post-RS steroid treatment is co-managed by the treating surgeon and the local eye care provider and may be required for 4 months or longer).

3.3.5. Forward copies of all Aviation RS pre-operative, operative, post-operative and RS-related incident documents and any supporting documents, if required or requested, within 1 month of examination to USAF-RS Registry, USAFSAM/FECO, 2507 Kennedy Circle, Brooks-City Base, TX 78235-5116.

3.3.6. Provide squadron education briefings on USAF-RS policy. Briefings may be in conjunction with local eye care provider.

#### **3.4. Primary Care Manager (PCM) (Warfighter Management Group) will:**

3.4.1. Maintain working understanding of USAF-RS program.

3.4.2. Manage appropriate profile in coordination with local eye clinic when member returns from RS. Member will not deploy or PCS while on steroid eye drops after any RS. Individuals who have had ISA are not deployable for at least 1 month after surgery, even if steroid eye drops have been discontinued. To clarify, after ASA, personnel will not be deployed until steroid eye drops are discontinued; after ISA, personnel will not be deployed until steroid eye drops are discontinued *and* at least 1 month has passed (post-RS steroid treatment is co-managed by the treating surgeon and the local eye care provider and may be required for 4 months or longer).

#### **3.5. Local Eye Care Provider will:**

3.5.1. Maintain working understanding of USAF-RS program.

3.5.2. Serve as POC for Warfighter Management Group personnel during the RS application, treatment and post-RS management.

3.5.3. Monitor all RS-treated AF personnel.

3.5.4. Attend the USAF-RS for Warfighters Workshop, USAF School of Aerospace Medicine, Brooks City-Base, TX, at the earliest possible opportunity based on local mission requirements. If local operational mission requirements prevent the eye care provider from attending this training before beginning RS care, the eye care provider's unit commander should request a waiver from the USAF-RS Registry with USAF-RS Consultant endorsement. These waivers are valid until the next scheduled workshop. Refresher workshop attendance is highly recommended every 4 years at a minimum, or as directed by USAF-RS Consultant. For workshop information, contact USAF-RS Registry,



USAFSAM/FECO, 2507 Kennedy Circle, Brooks-City Base, TX 78235-5116. Comm (210) 536-4514 DSN 240-4514.

3.5.5. Coordinate and accomplish clinical screening, referral/application and post-RS evaluations IAW appropriate Management Group requirements.

3.5.5.1. Use AF-approved RS application and post-RS evaluation forms available at website: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>

3.5.5.2. Co-management agreement must be accomplished no earlier than 1 month prior to planned RS treatment, if accepting responsibility for member's post-RS management.

3.5.5.3. *Warfighter Management:*

3.5.5.3.1. Initiate and manage appropriate profile in conjunction with member's PCM (as per 3.4.2).

3.5.5.3.2. Certify member regarding RS-related duty restrictions and "Return to Duty" determinations.

3.5.5.4. *AASD Management:*

3.5.5.4.1. Certify member regarding RS-related duty restrictions and AASD vision requirement status. Advise member's FS on aircrew's status for appropriate DNIF actions

3.5.5.4.2. Report to USAF-RS Registry aircrew grounded for unexpected RS-related events within 1 month of evaluation using post-op evaluation form.

3.5.6. Forward copies of all post-operative evaluations, reports and supporting documents within 1 month of examination to:

3.5.6.1. *Warfighter Management:* treating DoD RS Center.

3.5.6.2. *AASD Management:* USAF-RS Registry, USAFSAM/FECO, 2507 Kennedy Circle, Brooks-City Base, TX 78235-5116, and treating DoD RS Center when applicable.

3.5.7. Support FS's squadron and professional staff education briefings on RS and related policies.

### **3.6. USAF-RS Centers will:**

3.6.1. Comply with RS clinical practice guidelines published by USAF-RS Consultant and posted on the AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>.

3.6.2. Review and provide clinical quality control of RS documentation. Certify eligibility and ensure member has been authorized to undergo RS IAW appropriate Management Group.

3.6.3. Coordinate RS treatment

3.6.3.1. Notify member of clinical eligibility and coordinate scheduling for Warfighter and selected AASD Management Group personnel if given "Permission to Proceed" authorization from the USAF-RS Registry.

3.6.3.1.1. ASA procedures for AF AD/ARC pilots/in-flight refuelers eligible for AD elective surgery benefits whose *pre-operative refraction is -5.50 or less* are authorized at any DoD RS center. ASA procedures for US Air Force Academy Cadets whose *pre-operative refraction is -5.50 or less* will be accomplished at the US Air Force Academy Laser Center. Required follow up care is as specified in the Waiver Guide at the AF Knowledge Exchange (DotMil): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide>.

3.6.3.1.2. ASA procedures for AF AD/ARC pilots/in-flight refuelers eligible for AD elective surgery benefits whose *pre-operative refraction is greater than -5.50* must be accomplished at the Refractive Surgery Center, Wilford Hall Medical Center, Lackland AFB, TX on unit-funded TDY status. *Advanced Surface Ablation (ASA)* procedures for US Air Force Academy Cadets whose *pre-operative refraction is greater than -5.50* will be accomplished at the US Air Force Academy Laser Center. Required follow up care is as specified in the Waiver Guide at the AF Knowledge Exchange (DotMil): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide>.

3.6.3.1.3. *Intra-Stromal Ablation (ISA)* for AF AD/ARC pilots/in-flight refuelers eligible for AD elective surgery benefits and US Air Force Academy Cadets must be accomplished at the Refractive Surgery Center, Wilford Hall Medical Center, Lackland AFB, TX on unit-funded TDY status. Required follow up care is as specified in the Waiver Guide at the AF Knowledge Exchange (DotMil): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide>.

3.6.3.1.4. All other AASD personnel are scheduled for treatment by the treating RS facility. Follow-up is accomplished locally.

3.6.4. Accomplish final pre-operative clinical evaluation, final treatment decision/plan, informed consent documentation, RS treatment and initial follow-up.

3.6.4.1. Maintain record of all pre-operative, operative and post-operative documentation.

3.6.5. Report AASD RS-related complications and/or DNIFs to USAF-RS Registry, USAFSAM/FECO, 2507 Kennedy Circle, Brooks City-Base, TX, 78235-5116.

3.6.6. Report Warfighter RS-related complications to USAF-RS Consultant per clinical practice guidelines (see 3.6.1)

### **3.7. Waiver Authority (AASD Management Groups only) will**

3.7.1. Ensure RS-treated aircrew are identified and all required aviation-related documentation (application, surgical documentation, post-RS evaluations, and any RS-related incidents) is forwarded to the USAF-RS Registry, USAFSAM/FECO, 2507 Kennedy Circle, Brooks City-Base, TX, 78235-5116.

3.7.2. Complete aircrew waiver actions in AIMWTS (as specified in the Waiver Guide at the AF Knowledge Exchange (DotMil): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide>).

3.7.3. Waiver and certification authority for RS waivers is as outlined in AFI 48-123, *Medical Examinations and Standards*, V4A2, Table A2.1. Waiver and certification authority may not be delegated to local waiver authority. EXCEPTION: AFMOA is waiver and certification authority for all pilots, pilot applicants and in-flight refuelers with an RS pre-operative refractive error of greater than -5.50.

3.7.4. Initial term of waiver validity will not exceed 1 year (twelve calendar months); first waiver renewal will be for 1 year; second renewal may be for 2-3 years at MAJCOM discretion. After the 4 year post-operative point, waiver renewal may be for 5 years. RS waivers will not be indefinite.

### **3.8. USAF-RS Registry will:**



- 3.8.1. Review all USAF-RS applications and grant "Permission to Proceed" if clinical and program criteria are met.
- 3.8.2. For AASD personnel, notify member's flight medicine clinic of member's application status.
- 3.8.3. Develop and maintain database of USAF-RS applications, post-RS evaluations and RS-related incidents.
- 3.8.4. Develop and review referral screening criteria with USAF-RS Consultant.
- 3.8.5. Develop and provide RS education for USAF-RS personnel with USAF-RS Consultant.
- 3.8.6. Provide quarterly updates on status of RS in AF personnel to HQ USAF/SG3P to include statistics, trend analysis, conclusions and recommendations as appropriate.

**3.9. USAF-RS Consultant will:**

- 3.9.1. Coordinate procedures and management of all USAF-RS centers.
- 3.9.2. Develop and review USAF-RS Clinical Practice Guidelines. The guidelines will be available online at the USAF-RS website: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>
- 3.9.3. Develop and review USAF-RS management referral criteria in coordination with USAF Aerospace Ophthalmology Consultant.
- 3.9.4. Develop and provide USAF-RS application, post-RS and related documents in conjunction with USAF Aerospace Ophthalmology Consultant.
- 3.9.5. Develop and maintain web-based information source on USAF-RS policy/program and related documents in conjunction with USAF Aerospace Ophthalmology Consultant.
- 3.9.6. Educate and certify AF eye care providers for RS management.
- 3.9.7. Provide oversight of USAF-RS for Warfighters Workshop.

**3.10. USAF Aerospace Ophthalmology Consultant will:**

- 3.10.1. Develop and provide aviation RS application, post-RS evaluation and related documents in coordination with the USAF-RS Consultant.
- 3.10.2. Accomplish advanced clinical pre- and post-op evaluations on AD/ARC pilots and in-flight refuelers IAW RS policy. Note: In-person follow-up at the ACS is no longer required for individuals whose pre-operative refraction is -5.50 or less and have undergone an approved ASA procedure.
- 3.10.3. Develop, validate and field quality of vision tests to assess visual performance after RS to assist in waiver processing of aircrew at the return-to-fly and waiver renewal points. Tests must be coordinated and approved by USAF/SG3P Chief, Aerospace Medicine Policy and Operations.

**3.11. HQ USAF/SG3P Chief, Aerospace Medicine Policy and Operations, or USAF/SG designee.**

- 3.11.1. Provide USAF-RS policy and updates as required.
- 3.11.2. Provide updates on status of RS in AF personnel to HQ USAF/SG.



## Chapter 4

### USAF Refractive Surgery (USAF-RS) Applicants to Aviation and Aviation-Related Special Duty (AASD)

Applicants to AASD training programs (see Chapter 2 for AASD definitions) must follow requirements set in this chapter. After completion of flight training, guidance and requirements set in chapter 5 must be met.

#### 4.1. Pre-RS Criteria

4.1.1. See USAF-RS Website for Clinical Criteria: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>

4.1.2. Documentation of pre-RS status must be provided.

**Table 4.1**  
**Pre-RS Cycloplegic Refractive Error Limits**

<b>Myopia (Most myopic plane)</b>	$\leq -8.00$ Diopters
<b>Hyperopia (Most hyperopic plane)</b>	$\leq +0.50$ Diopters
<b>Astigmatism</b>	$\leq 3.00$ Diopters
<b>Anisometropia</b>	$\leq 2.50$ Diopters

#### 4.2. Required USAF-RS Registry Documentation.

4.2.1. Forward all RS-Related Exams and clinical data for any RS-related incident not documented in required post-op evaluations to the AF USAF-RS Registry.

#### 4.3. Post RS Requirements and Waiver Process.

4.3.1. Applicant must be, at minimum, 12 months post-RS for waiver consideration.

4.3.2. The examining flight surgeon (FS) must enter all pre- and post-RS documentation in the Physical Examination Processing Program (PEPP) and Aeromedical Information Management Waiver Tracking System (AIMWTS), including the documentation of those applicants who are medically disqualified at the time of their initial flying class physical examination.

4.3.3. Aeromedical summary accompanying the initial physical examination must include documentation that all clinical criteria are met.

4.3.4. See the Waiver Guide for specific post-RS requirements (Website: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide>).

## CHAPTER 5

### USAF Refractive Surgery (USAF-RS) Trained Aviation and Aviation-Related Special Duty (AASD) Personnel

#### 5.1. AASD RS Application Process.

5.1.1. AASD RS application information and required application form is available on-line at: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>.

5.1.2. Active Duty (AD) and AF Reserve Component (ARC) (eligible for AD elective surgery benefits) AASD personnel must have 12 months of retainability following planned RS treatment.

5.1.3. See USAF-RS Website for Clinical Criteria: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS>

5.1.4. Member will submit all completed application and supporting documents to:

USAF-RS Registry	Com: (210) 536-4514	DSN: 240-4514
USAFSAM/FECO	FAX: (210) 536-1359	DSN: 240-1359
2507 Kennedy Circle		
Brooks-City Base, TX 78235-5116		

5.1.5. Copy of application and supporting documents should be maintained locally.

5.1.6. USAF-RS Registry will review completed Aviation RS application for management and clinical criteria.

5.1.7. USAF-RS Registry will enter application data into USAF-RS database.

#### 5.2. "Permission to Proceed" Information.

5.2.1. USAF-RS Registry accomplishes "Permission to Proceed" determinations. The following categories are assigned:

**5.2.1.1. Approved:** (*"Permission to Proceed" is granted*). Member is authorized to proceed with RS treatment. Instructions to undergo RS treatment will accompany this approval. Treatment must be completed within 6 months of the commander's approval date. The application process must be re-accomplished if member is unable to accomplish RS within this time period.

**5.2.1.2. Denied:** (*Applicant does not meet AASD personnel pre-RS criteria*). Applicant is not authorized to undergo RS treatment IAW USAF-RS policies. Applicant may not undergo Warfighter or civilian RS unless authorized by USAF-RS Registry. *Note: Treatment under Warfighter policy or at a civilian facility, if previously denied under Aviation policy, may result in permanent disqualification from future aviation duties.*

5.2.2. USAF-RS registry "Permission to Proceed" determination document will be sent to the member with a copy to the member's flight surgeon (FS) and eye care provider. Aviator may not undergo RS prior to receipt of an approved "Permission to Proceed" from the USAF-RS Registry. It is the responsibility of the treating surgeon and AF member to insure that this requirement is met.



5.2.3 *Advanced Surface Ablation (ASA)* procedures for AF AD/ARC pilots/in-flight refuelers eligible for AD elective surgery benefits whose *pre-operative refraction is -5.50 or less* are authorized at any DoD RS center.

5.2.4 *Advanced Surface Ablation (ASA)* procedures for AF AD/ARC pilots/in-flight refuelers eligible for AD elective surgery benefits whose *pre-operative refraction is greater than -5.50* must be accomplished at the Refractive Surgery Center, Wilford Hall Medical Center, Lackland AFB, TX on unit-funded TDY status.

5.2.5 *Intra-Stromal Ablation (ISA)* for AF AD/ARC pilots/in-flight refuelers eligible for AD elective surgery benefits must be accomplished at the Refractive Surgery Center, Wilford Hall Medical Center, Lackland AFB, TX on unit-funded TDY status.

5.2.6 All other AF AD and ARC Trained AASD personnel eligible for AD elective surgery benefits are authorized treatment at any DoD RS center.

5.2.7 Trained AASD personnel *who are not eligible* for AD elective surgery benefits may undergo RS *at their own expense* at civilian centers.

5.2.8. FS will manage appropriate grounding actions and profile.

### **5.3. "Return to Flight Status" Duties and Post RS/Waiver Requirements**

5.3.1. See the Waiver Guide for specific post-RS requirements (Website: AF Knowledge Exchange (DotMil): <https://kx.afms.mil/waiverguide> or (Public Access): <http://airforcemedicine.afms.mil/waiverguide>).

5.3.2. Complete post-RS evaluation as set in this policy. Failure to comply with evaluations and submission of documentation may result in grounding (DNIF) until requirements are met.

5.3.3. ARC members, unless eligible for AD medical care benefits, must accomplish required post-RS evaluations at own expense from civilian RS provider. Copies of post-RS evaluation must be entered into member's medical record.

5.3.4. AD/ARC aviator's FS will forward copies of the required RS pre-operative, operative and post-operative documents to USAF-RS Registry.

5.3.5. The member's FS will submit aeromedical summary and all required waiver documentation in the Aeromedical Information Management Waiver Tracking System (AIMWTS) (per the Waiver Guide) for forwarding to the waiver authority. Waiver authority will not grant any waivers until all required information is received in AIMWTS and made available to the USAF-RS Registry. *The practice of recommending return to flying status with a local AF Form 1042 prior to waiver approval by the Waiver Authority is no longer authorized.*

5.3.6. Any visual complaints or recommended duty restrictions must be documented in the medical record, AIMWTS, and included in the post-RS evaluation documentation.

5.3.7. If corrective lenses are required to meet applicable vision standards, they must be prescribed and worn. Contact lens wearers must carry spectacle back-ups when flying. If night vision goggles (NVG) are required for the duty position, applicable NVG vision standards must be met.



5.3.8. AD and ARC aviator's FS will report RS incidents, to include aircrew grounded for RS-related events and RS re-treatments after initial return to flying status, on the Aviation Post-Operative Exam Form and forward to the USAF-RS Registry.

## Chapter 6

### USAF Refractive Surgery (USAF-RS) Warfighter Personnel

All AF personnel not specifically managed IAW Aviation and Aviation-Related Special Duty (AASD) requirements must comply with Warfighter Management Group requirements.

#### 6.1. Warfighter RS Application Process.

6.1.1. Member will obtain Squadron Commander's approval/application form endorsement found at [https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?doctype=subpage&functionalarea=AerospaceMedicine&docname=CTB\\_014680](https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?doctype=subpage&functionalarea=AerospaceMedicine&docname=CTB_014680).

6.1.2. Active Duty (AD) and AF Reserve Component (ARC) (eligible for AD elective surgery benefits) personnel must have 6 months of retainability following planned RS treatment.

6.1.3. AD and eligible ARC members may obtain approved RS procedures at any DoD RS Center. DoD RS Centers will contact member regarding approval and schedule appointment for RS.

6.1.4. For ARC personnel not eligible to receive elective surgery at AF medical treatment facilities or AD personnel electing civilian treatment, the member must obtain the RS and follow-up at their own expense.

6.1.5. Copies of application and supporting documents should be maintained locally.

#### 6.2. "Permission to Proceed" Information.

6.2.1. Warfighter personnel undergoing RS in Warfighter management may travel on permissive TDY or unit-funded TDY status IAW AFI 36-3003, *Military Leave Program*. RS planned during TDY en route with a PCS is authorized only after careful coordination for follow-up care. Leave status is not authorized for treatment at DoD RS Centers.

6.2.2. Warfighters eligible for AD elective surgery may be treated at any DoD RS Center. Coordination for treatment is managed by the member. The member's squadron commander must grant permission for USAF-RS prior to treatment.

6.2.3. Warfighters not eligible for AD elective surgery benefits are authorized civilian RS treatment/follow-up at his/her own expense within the guidelines set in AFI 41-210, *Patient Administration Functions*, para 3.9 guidelines (electing optional medical care). Application and any supporting documentation must be accomplished and submitted as set in this policy. The member's squadron commander must grant permission for USAF-RS prior to treatment. USAF- RS Registry must grant "Permission to Proceed" as below.

6.2.4. USAF-RS Registry accomplishes "Permission to Proceed" determinations. The following categories are assigned:

**6.2.4.1. Approved:** (*"Permission to Proceed" is granted*). Member is authorized to proceed with RS treatment. Instructions to undergo RS treatment will accompany this approval. Treatment must be completed within 6 months of the commander's approval date. The application process must be re-accomplished if member is unable to accomplish RS within this time period.

**6.2.4.2. Denied:** (*Applicant does not meet pre-RS criteria*). Applicant is not authorized to undergo RS treatment IAW USAF-RS policy. Applicant may not undergo Warfighter or civilian RS unless authorized by USAF-RS Registry. *Note: Treatment at a civilian facility, if previously denied under USAF-RS policy, may result in permanent disqualification from future duties.*

6.2.5. USAF-RS "Permission to Proceed" determination document will be sent to the member with a copy to the member's eye care provider. Member may not undergo RS prior to receipt of an approved "Permission to Proceed" document. It is the responsibility of the treating surgeon and AF member to insure that this requirement is met.

### **6.3. "Return to Duty" Requirements.**

6.3.1. The local eye care provider must initiate an appropriate physical profile when the member returns from an RS procedure. The profile will be managed by member's Primary Care Manager (PCM) in coordination with the local eye care clinic. Member will not deploy or PCS while on steroid eye drops after any RS. Individuals who have had Intra-Stromal Ablation (ISA) are not deployable for at least 1 month after surgery, even if steroid eye drops have been discontinued. To clarify, after Advanced Surface Ablation (ASA), personnel will not be deployed until steroid eye drops are discontinued; after ISA, personnel will not be deployed until steroid eye drops are discontinued *and* at least 1 month has passed.

6.3.2. All personnel undergoing RS must be evaluated by a DoD eye care provider in order to be cleared to resume unrestricted duties.

6.3.3. Member may return to limited duty (but is still not deployable) within a few days after surgery as recommended by the local eye care provider.

6.3.4. Individual must meet the applicable USAF vision standards in AFI 48-123, *Medical Examinations and Standards*, before returning to full duty. If corrective lenses are required to meet the applicable vision standards, they must be prescribed and worn. Contact lens wearers must have spectacle back-up. If night vision goggles (NVG) are required for the duty position, applicable NVG vision standards must be met.

### **6.4. Post-RS Requirements.**

6.4.1. May be accomplished locally. See USAF-RS Registry website AF Knowledge Exchange (DotMil): <https://kx.afms.mil/USAF-RS> or (Public Access): <http://airforcemedicine.afms.mil/USAF-RS> for post-op requirements.